POSTAL / FAX - ORDER FORM.

To: Tom Osborne
P.O. Box 6020
Coffs Harbour Plaza. NSW. 2450. Australia.

ABN. 36 703 519 719.

Domestic Tel: (02) 6651.6060
Domestic Fax: (02) 6651.6080
International Tel: +61 2 6651.6060
International Fax: +61 2 6651 6080

Date_____

QUANTITY	YEAR	BRIEF DESCRIPTION.	MUH	M/H	F.U.	PRICE	TOTAL.

Post & Insurance WITHIN AUSTRALIA UNDER $150 ADD $5. ORDERS OVER $150 Post Free.
OVERSEAS ORDERS -- Insured post & Airmail (At cost price) .....

TOTAL AMOUNT OF ORDER.....

Please complete all details below.

PAYMENT DETAILS; ( ) Cheque ( ) Money Order ( ) Mastercard. ( ) Visacard.

Credit Card Number: _____ ____._____ _____._____ _____._____ _____ **Expiry Date** _____/_____

NAME (Please Print) _____ _____**Signature:**_____ _____

(Please print name exactly as it appears on credit card.) Last 3 digits on reverse of card_____

Telephone No. (Home) ( ) _____ **Business ( )** _____

Fax Number: (Home) ( ) _____ **Business ( )**_____

Postal Address: _____

Residential Address:_____

Email address_____

Note: The first initial client order will only be sent to a residential address.
Overseas personal cheques will not be accepted.
All orders are insured through Austraila Post & in the unlikely event of any insurance claim, settlement will be determined by Aust. Post under the conditions of their insurance cover.

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QUANTITY	YEAR	BRIEF DESCRIPTION.	MUH	M/H	F.U.	PRICE	TOTAL.
		Balance forward.....					
TOTAL OF ORDER.....							

NOTES: